

Telephone Recovery Support Consent
Please Print Clearly

Name: _____ Date of Birth: ____/____/____

Phone #: (____) _____ - _____ Referred By _____

Cell
Phone #: (____) _____ - _____ Current Housing: Sober House Ind. Living Other

Address: _____

City: _____ State: _____ Zip: _____ Gender (circle one): Male Female

Telephone Recovery Support calls are made on Wednesdays and Fridays.
Please circle the time range that reflects when you would like to be called.

We will try to call you during the time range you circle. Thanks!

9am – Noon Noon – 2pm 2pm – 4pm 4pm – 5pm

Spanish speaking only

DO NOT leave message on Answering machine

I understand and agree to the following:

1. I grant permission for a volunteer from **South Shore Peer Recovery** to call me weekly on the above telephone number(s) to support me in my recovery.
2. Each time the **South Shore Peer Recovery** volunteer calls, he/she will be asking me how my recovery is progressing and if I am in need of additional support (i.e., meetings in area, recovery community centers, safe/sober housing, social events, other resources)
3. At the time of a call, if I am in need of a referral to a treatment program or detox unit, I will be assisted in finding a program, if I so desire.
4. At any time I may decide not to take part in this service, I will call **South Shore Peer Recovery** at **781-378-0453** or tell the volunteer when he/she calls.

Date

Signature of Client

